Microblading in Pregnancy: What to Know before ‘Going under the Needle’

By Angela Messer, MS, Teratogen Information Specialist, MotherToBaby California

“I love the way my eyebrows look!” Emily just found out she was 6 weeks pregnant, and had started the process of microblading (a cosmetic tattooing technique, in which a tool made of small needles is used to add semi-permanent pigment to the skin; resembling the hair on the brow) before she knew she was pregnant. Logging into the MotherToBaby chat for some guidance, after online searching resulted in mixed answers, she wanted to know if it was still ok to continue microblading during her pregnancy.

Emily’s question is a common one we receive here at MotherToBaby. With new and upcoming products in the beauty industry, many women want to know if it is ok to start or continue treatments like microblading when they become pregnant. Procedures like these often require more than one visit, broken up between weeks or even months. For pregnant women, the “nine month stretch” raises questions about their use in pregnancy.

The difficulty in answering a question like Emily’s comes down to the lack of information about these types of procedures in pregnancy and also while breastfeeding. Without the research available, we simply do not know about how they may, or may not, affect your pregnancy or your breastfed infant.

Ink

The pigments used in microblading are made up of different types of chemical compounds, like oxides, which can be pre-mixed and purchased by the cosmetic tattoo artist. They may also be mixed by the professionals themselves. A few unknowns are how much pigment, if any, is going into the skin, is entering the mom’s blood, crossing the placenta, and reaching the baby – which also means we do not know if the ingredients in the pigment could pose any risk. The same goes for breastfeeding moms – without good data, we do not know how much pigment, if any, is getting into the milk reaching the breastfed baby.

Possibility of infection

Another thing to consider about microblading in pregnancy and breastfeeding is the risk for infection. As previously mentioned, during the microblading process, a cosmetic tattoo artist deposits pigment into the outer layer of the skin by penetrating the skin with tiny needles. There is a possibility that the needles used may not be completely sterilized, which can lead to a higher risk of health issues such as staph infection, abscess, skin inflammation, or other infections like Hepatitis B and HIV. Medications like antibiotics may be needed to treat these conditions, sometimes requiring weeks or months of treatment. If left untreated, they can lead to health issues for mom and baby. Visiting a reputable business with good hygiene practices in place is a good idea should you choose to have microblading done during pregnancy or while breastfeeding.

Pain

Some women report that the microblading treatment can be painful. If that’s the case, the cosmetic tattoo artist may recommend the use of additional medications to control the pain (e.g. a topical lidocaine cream, or Tylenol). During pregnancy and breastfeeding, Tylenol (acetaminophen) is considered by most healthcare professionals to be the preferred pain reliever: https://mothertobaby.org/fact-sheets/acetaminophen-pregnancy/. With topical exposures, like lidocaine cream, a significant amount is generally not expected to enter the mom’s blood and result in an exposure to the pregnancy. Consider these additional exposures during pregnancy or while breastfeeding when deciding whether or not to book an appointment.

With all these unknowns in mind, it can be difficult to evaluate what possible risks a developing baby or breastfed infant might face. Ultimately it comes down to weighing the risks vs. the benefits, and this is exactly what I discussed with Emily on our chat. Having gone to a licensed cosmetic tattoo artist, Emily was reassured that her microblading procedure early in pregnancy was unlikely to be a concern. Moving forward, she decided that given the lack of research, she would prefer to wait until she was no longer pregnant or breastfeeding to resume further treatment. “My eyebrows might not look as great for the next year, but I won’t have to constantly worry about the ink reaching the

baby or the possibility of infection from having this done!" she shared as we wrapped up the chat.

If you have questions about microblading while pregnant or breastfeeding, don't hesitate to contact a MotherToBaby specialist via phone, text, chat, or email.



Angela Messer, MS, is a Teratogen Information Specialist with MotherToBaby California. She earned her undergraduate degree in psychology from Chapman University and her Master's degree from Kansas State University in academic advising/counseling. Angela has been with MotherToBaby since 2009 and holds a special interest in maternal medical conditions in pregnancy. In her free time, she enjoys spending time in her hometown of San Diego, CA with her husband and 9 month old daughter.

About MotherToBaby

***MotherToBaby** is a service of the Organization of Teratology Information Specialists (OTIS), suggested resources by many agencies including the Centers for Disease Control and Prevention (CDC). If you have questions about exposures during pregnancy and breastfeeding, please call MotherToBaby toll-FREE at 866-626-6847 or try out MotherToBaby's new **text information service** by texting questions to (855) 999-3525. You can also visit **MotherToBaby.org** to browse a library of fact sheets about dozens of viruses, medications, vaccines, alcohol, diseases, or other exposures during pregnancy and breastfeeding or connect with all of our resources by downloading the new MotherToBaby free app, available on **Android** and **iOS** markets. Also, make sure to subscribe to **The MotherToBaby Podcast** available on **iTunes**, **Google Play Music**, **Spotify** and podcatchers everywhere.*

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Microblading in Pregnancy: What to Know before ‘Going under the Needle’

By Al Romeo, RN, PhD, MotherToBaby Utah

If you are pregnant or breastfeeding, you might wonder if it is safe for you to go to the nail salon. After all, there are chemicals in nail treatments, and (let’s face it) nail salons often smell like they could be toxic! But are they?

What’s in nail treatments? And could they be harmful if I’m pregnant or nursing?
Common nail products include nail polish and types of acrylic nails including gels, liquids, and powders. There are a few ingredients that are commonly found in those products, including:

- Dibutyl phthalate (DBP)
- Toluene
- Formaldehyde
- Camphor
- Paraffin
- Methacrylic
- Acetone
- Acetonitrile

The names of those ingredients may sound scary, but let’s look at each of them.

Dibutyl phthalate (DBP) is used in nail polish to make the polish more flexible and less likely to crack or break. Small amounts have been found in humans. Those small amounts are not expected to cause increased chances of problems for the pregnancy or breastfed baby based on the available research.

Toluene is a solvent that is used to thin nail polish so it goes smooth after being painted on with a brush. Solvents are known to be harmful to the nervous system. Sniffing or huffing spray paint, glue, and gasoline can cause dizziness and fainting in addition to damaging brain cells. But when it comes to nail treatments, the amount of toluene that is absorbed through the skin or inhaled from applying nail polish to finger and toe nails is small and not expected to increase the chance of problems for your pregnancy or breastfed baby.

Formaldehyde is used to harden nail polish. Nail salons might also use formaldehyde to disinfect nail care tools. Some people may be allergic to formaldehyde, even in the small amounts found in nail polish. Women with those allergies should use nail care products without formaldehyde and ask about its use in nail salons. Our bodies make formaldehyde and it can be found in healthy foods, such as apples. Just as too much water or oxygen can be dangerous for our bodies, too much formaldehyde can be a problem. However, the amount in nail polish is small and the amount that would be absorbed through the skin, nails, and from the fumes is also very small. That small amount is not expected to cause problems for your pregnancy or breastfed baby.

Camphor is also used to make nail polish soft or flexible and give it a pleasant odor. Camphor is found in some pain-relieving products that are applied to the skin. The amount of camphor in nail polish is far less than in those pain-relieving creams. Based on the limited information available, the use of camphor on the skin has not increased risks for a pregnancy or breastfed babies.

Paraffin is a mineral oil used in cosmetics and ointments to soften the skin. It isn’t part of the nail polish or remover, but your hands or feet might soak in it as part of the manicure or pedicure. As an oil, it mainly stays on the skin and

isn't absorbed into the bloodstream. The small amount of paraffin that is expected to get absorbed into the skin is not expected to increase the chance of problems for your pregnancy or breastfed baby.

Methacrylate is a chemical in acrylic nails. Not much of the methacrylate is left after it reacts with other chemicals to form the acrylic nails. However, the small amount that is left in the acrylic nails could cause irritation, redness, and swelling in the tissues under and below the nails. The small amount of methacrylate that is expected to be absorbed by the skin or lungs from using acrylic nails is not expected to cause an increased chance of problems for your pregnancy or breastfed baby.

Acetone is a solvent used in nail polish removers. Acetone, when ingested, can cause problems in the body. The small amount of acetone that is expected to be absorbed by the skin or lungs when it is used to remove nail polish is small and not expected to cause an increased chance of problems for your pregnancy or breastfed baby. After using nail polish remover, you might want to wash your hands or feet to reduce the amount that is left on the skin that could be absorbed.

Acetonitrile is another solvent used for removing artificial nails. It is less commonly used in cosmetics than acetone. The small amounts that are expected to be absorbed through the skin, nails, or lungs are not expected to increase the chances of problems for your pregnancy or breastfed baby.

But what about the smell?
The smell in nail salons is caused by the chemicals in the various treatments they offer. If there is good air flow and plenty of fresh air, then it is not likely that much of the chemicals will get into the body by breathing the fumes. But if you have headaches, dizziness, or nausea while around nail care products, take a break and get some fresh air outside.

So what's the take-away?
Go ahead, pamper yourself with pretty nails! Using these cosmetic products as part of routine nail treatments should not cause you any concern, as there are no known increased risks for your pregnancy or your breastfed baby.

If you have questions about exposures during pregnancy or breastfeeding, contact an expert at MotherToBaby. You can reach us by phone at 866-626-6847 or by text at 855-999-3525. You can also email or live chat with us by visiting https://MotherToBaby.org.



Alfred Romeo, RN, PhD, is a nurse and health educator. He has been with MotherToBaby for fifteen years, has served as the chair of various committees, and has served in many roles on the Board of the Organization of Teratology Information Specialists (OTIS)/ MotherToBaby. His experiences include working as a nurse in newborn intensive care units, training medical homes to improve services for children with special needs, and training young adults with disabilities in leadership and advocacy.

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Microblading in Pregnancy: What to Know before 'Going under the Needle'

Atopic dermatitis, commonly known as eczema, is a condition that makes the skin itchy and inflamed and can cause red or darker colored patches during a flare-up. Symptoms can be mild, moderate, or severe and can come and go. If you are one of the many people who are pregnant and dealing with this itchy, inflamed skin issue, you are not alone. Atopic dermatitis is common in pregnancy. Over half of people with eczema develop symptoms for the first time during their pregnancy. Hormonal changes in pregnancy can make symptoms worse.

There are many ways your healthcare providers may treat your atopic dermatitis during pregnancy. Treatment may be topical (used on the skin) such as moisturizers and creams or systemic (medication taken by mouth or by injection). Information on specific medications can be found in our fact sheets at https://mothertobaby.org/fact-sheets/ or by contacting a MotherToBaby specialist at 866.626.6847.

Generally, the first line of treatment in pregnancy is topical because of the route of exposure. The developing baby is exposed to things in a pregnant woman's blood. When you take a medication by mouth or swallow something, we know that is very likely to enter the bloodstream, where it can then potentially cross the placenta and reach the baby. With most topical products, the skin serves as a good barrier, so it is not expected that a significant amount of the product would be able to enter the pregnant woman's blood where it can then reach the baby. This is especially true when the topical product is used on small areas of the body, used infrequently, or used on healthy (non-broken) skin.

If topical treatment is not working for you, fear not, there may be a glimmer of hope – light therapy.

Understanding Light Therapy:

Light therapy, also known as phototherapy, is a treatment option for atopic dermatitis that involves exposing the skin to ultraviolet (UV) light under controlled conditions. There are various types of light therapy including: narrowband (NBUVB), broadband (BBUVB), UVA, UVA1, full-spectrum light, saltwater bath plus UVB (balneophototherapy), psoralen plus UVA (PUVA), and other forms of phototherapy. UV light is the same light that comes from the sun, and it is not radiation. This therapy aims to reduce inflammation and itchiness, ultimately improving the overall condition of the skin.

Light Therapy During Pregnancy:

While there's limited research on light therapy during pregnancy, it is not expected to increase the chance of pregnancy complications. Most of the types of light are not expected to be absorbed through the skin and reach the developing baby. However, while NBUVB and BBUVB phototherapy can be used during pregnancy, they may reduce folic acid levels. Folic acid is very important for baby's development especially in the first trimester of pregnancy. Make sure you talk with your healthcare provider about folic acid supplementation and monitoring folic acid levels if you do need to get phototherapy in the first trimester. You may find our factsheet on folic acid helpful here: https://mothertobaby.org/fact-sheets/folic-acid/. Additionally, psoralen plus ultraviolet A (PUVA) light therapy should be avoided during pregnancy due to increased chance of low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

In order to learn more about how atopic dermatitis and light therapy may affect pregnancy, MotherToBaby is currently enrolling people who are pregnant in the Eczema & Pregnancy Study. You can make an impact on the health of future families today by joining the study. Learn more about the study here: https://mothertobaby.org/ongoing-study/eczema-moderate-to-severe-atopic-dermatitis/

Protecting the Skin:

Your healthcare provider may recommend using sunscreen for additional skin protection after light therapy. Sunscreen ingredients such as avobenzone, homosalate, octisalate, and octocrylene may be absorbed through the skin in small amounts with regular use, especially if they are used on large areas of the body. However, there is no proven increased risk to a pregnancy from using these ingredients. Mineral sunscreens contain zinc or titanium which are physical blocking agents and stay on top of the skin. That means they are not absorbed through the skin and are not expected to reach the developing baby. More information is available on our blog: https://mothertobaby.org/baby-blog/screening-your-sunscreen-during-pregnancy/

As with any medical treatment during pregnancy, it's essential to weigh the potential risks and benefits with your healthcare provider.

Things to Consider:

Before diving into light therapy, here are a few things to consider:

1. Consult Your Healthcare Provider: Always consult with your healthcare provider before starting any new treatment, especially during pregnancy. Your healthcare provider can help you assess potential risks and determine if light therapy, and what type of light therapy, is right for you.

2. Alternative Treatments: If light therapy isn't suitable for you during pregnancy, don't worry! There may be other treatment options available that can help manage your symptoms. Information on specific medications can be found in our fact sheets at https://mothertobaby.org/fact-sheets/ or by contacting a MotherToBaby specialist at 866.626.6847.

3. Consider Joining the MotherToBaby Eczema & Pregnancy Study: Are you interested in joining our community of expecting parents who are sharing their pregnancy journey with our study team? If you would like more information, visit https://mothertobaby.org/ongoing-study/eczema-moderate-to-severe-atopic-dermatitis/ or call 877-311-8972.

In Conclusion:

Atopic dermatitis can be challenging to manage, especially during pregnancy. However, light therapy offers a ray of hope for many people who are pregnant and struggling with this skin condition. Remember to always consult with your healthcare provider to determine the best course of action for you and your baby. You've got this!

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Microblading in Pregnancy: What to Know before 'Going under the Needle'

Let's be honest, we live in an era of perfection. Perfect hair, perfect nails, perfect teeth, perfect everything! Nowadays, it seems like almost all the celebrities, and influencers, have some type of work done on their teeth, and it looks great! Makes you want to try it out for yourself. However, these options might not be affordable or available to everyone. I know I wouldn't be able to get those treatments for myself. So, I have settled for teeth whitening products used at home. Because yes, I too want pearly white teeth!

Now, does it matter if I am pregnant or breastfeeding? Which ones are okay to use, the strips, the toothpastes, and/or the blue light therapy? So many options to choose from, right? Before we talk about each of those ingredients, it's

important to point out that every pregnancy starts out with a small chance (3-5%) of having a baby with a birth defect, we call this the background risk. Now that we have defined the background risk, when we talk about any possible increased risk for birth defects, we refer to the increased risk above that background risk. Now, let's break it down and take a look at some of these products and their ingredients.

1. Whitening strips

Most teeth whitening products contain various ingredients that are not well studied in pregnancy or lactation. Without good research it's difficult to know whether the ingredients can cause a problem for the developing baby or breastfed infant. However, when the product is used as directed on the teeth (not swallowed) it is unlikely that a significant amount would enter the pregnant woman's system or the breast milk. Let's take a closer look at some of those common ingredients:

- Carbamide peroxide breaks down into urea and hydrogen peroxide when in contact with organic compounds in living tissues.
    - Urea is a chemical formed from protein breakdown and is often used in lotions to improve hydration. Urea is also found naturally in the body and is also part of breast milk. Since the body can excrete large amounts of urea, exposure to small or moderate amounts of urea is not expected to increase the chance of birth defects or cause any adverse effects to the breastfed infant.

    - Hydrogen peroxide is added to cosmetics and personal care products as an antimicrobial ingredient to inhibit the growth of microorganisms. It also oxidizes stains on the teeth to whiten them. When in contact with your teeth, hydrogen peroxide will break down as a molecule of water and oxygen gas. Because of this, it is not likely to pose any significant chance for birth defects or problems while breastfeeding.

You may also find,

- Sodium Hydroxide. This ingredient is commonly found in industry and home-based products, such as soaps. It is toxic to tissues, and it is not meant to ingest or breathe. When used in dental preparations, they alter the acidity of the mouth for better protection of the teeth. There are no human studies done on sodium hydroxide in pregnancy or breastfeeding. However, due to potential maternal alkalosis (increase in the pH of the body), careful use should be advised in when an individual has kidney problems during pregnancy or while breastfeeding.

- Glycerin is colorless, odorless, and a sweet glycerol (sugar alcohol), used as a lubrication agent in multiple cosmetic products such as toothpaste, shaving cream, and soaps. Glycerin crosses the placenta in small amounts but there are no studies in humans looking at glycerin. However, since data in animals did not show any increase in birth defects, it is not likely that glycerin in tooth whitening would put a pregnancy or breastfed infant at increased chance for problems.

- Menthol is widely used in a variety of products in the cosmetic world as a flavoring and fragrance agent. There are no studies in humans on use of menthol in pregnancy or breastfeeding. However, animal data did not show any increase in birth defects. Therefore, when used in small amounts, it is unlikely to pose any increased chances for birth defects or any other problems during pregnancy or while breastfeeding your baby.

- Carbomer is commonly used as thickening agents and emulsifiers for pharmaceuticals and many other products. Carbomer is added to teeth whitening strips as a thickener and usually found in small amounts in some products. Because of the large molecular size of carbomer and the small amount used in these products, it would be unlikely to cause problems during pregnancy or enter the breast milk in amounts that are of concern for a breastfeeding baby.

2. Whitening toothpastes

Majority of these toothpastes contain:

- Sodium Monofluorophosphate (MFP), a sodium salt commonly used to increase the amount of fluoride incorporated into the enamel which can help prevent cavities. No research has been done during pregnancy; it is unknown if it causes problems for the baby. Sodium Monofluorophosphate can potentially cause adverse effects if ingested, its use should be monitored closely during pregnancy and while breastfeeding your baby.

- Sodium fluoride is a colorless or white powder that dissolves in liquid. Sodium fluoride is mostly used for prevention of dental cavities, to polish the teeth, and reduce oral odor. Sodium fluoride can be found in drinking water. Ingestion of these ingredients in excessive amounts during pregnancy could lead to impaired development of the baby's teeth. Sodium fluoride gets into the breastmilk in small amounts, and it is not expected to cause adverse effects to the breast-fed infant.

3. Blue (LED) Light Therapy

This therapy is often used to treat acne and sun damage. This therapy will only work in areas where the light reaches, and it usually needs a combination of photosynthesizing drugs to activate the ingredients and help whiten the teeth. This blue (LED) light therapy is used with gels or strips containing some of the ingredients above. Some may contain ingredients we have not reviewed above. There is limited research on the use of blue light therapy during pregnancy or breastfeeding and the risk of birth defects or other pregnancy problems are unknown. However, the light itself is not expected to increase the risk of birth defects or pose any adverse effects to the breastfed infant.

4. Other ingredients commonly used:

- Herbals are not regulated by the Food and Drug Administration (FDA). Therefore, we are never sure what is in the product, and there is not enough information to evaluate possible risk to a developing baby or breastfed infant. For more information about herbals and supplements during pregnancy or breastfeeding, please refer to our fact sheet at: https://mothertobaby.org/fact-sheets/herbal-products-pregnancy/.

- Alcohol should be avoided completely during pregnancy. It has been established that there is no known amount or type of alcohol that is okay to consume during pregnancy. However, using a teeth whitener with alcohol is not expected to result in a significant amount getting in your bloodstream or the breast milk since the product is applied topically. Do not swallow or drink any of these products and use as directed on the package. If desired, you can select an alcohol-free product. To read more about alcohol during pregnancy and while breastfeeding, please refer to our Fact Sheet at: https://mothertobaby.org/fact-sheets/alcohol-pregnancy/ .

If you are interested in learning more about other products and their individual ingredients, make sure to contact the experts at MotherToBaby.

And remember, it is important to feel good in your own skin but, if you are leaning towards getting your teeth whitened, here are some tips to think about before buying any product.

- Look for non-alcohol based products.

- Use the product as directed, do not swallow it, and do not exceed the time listed on the package.

- Contact the experts at MotherToBaby.org with your questions.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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Microblading in Pregnancy: What to Know before 'Going under the Needle'

"I'm supposed to get dermal fillers tomorrow, is it still safe for me to get this procedure!?" Erin had booked this appointment with their dermatologist weeks ago, and while Erin was so excited today to learn that they were pregnant, they weren't sure if the fillers were still a good idea. Hopeful for smoother skin and less noticeable wrinkles, they called us for guidance. Erin isn't alone in having questions – MotherToBaby information specialists are often asked about getting cosmetic procedures during pregnancy or while breastfeeding.

Some cosmetic procedures require surgery; these are a type of plastic surgery. Examples include liposuction, breast augmentation, and rhinoplasty (nose). These types of cosmetic surgeries are best avoided while pregnant. But what about less invasive procedures? Let's look at some commonly asked about treatments:

Botox

Botox is an injectable form of botulinum toxin. When used cosmetically, Botox is typically injected in the face or neck to help smooth out wrinkles or fine lines in the skin by temporarily paralyzing or relaxing the muscles. Botox is expected to stay in the area where it is administered and not enter the bloodstream. Because of this, it is unlikely to enter breast milk or to cross the placenta where it could reach a developing baby. However, it is important to note that Botox hasn't been studied specifically for use during pregnancy or breastfeeding. There is also a risk for infection at the injection site, and the possibility that the toxin could spread beyond the area where it was administered. Read more about Botox here:
https://mothertobaby.org/baby-blog/botox-baby-what-we-know-about-the-risks-during-pregnancy-breastfeeding/

Semi-Permanent Makeup & Microblading

Semi-permanent makeup is achieved by tattooing areas of the face to highlight natural features and typically lasts for a few years before fading. This might include eye liner, lips, or eyebrows. Microblading is another form of tattooing used on the eyebrows. When it comes to the ink used in semi-permanent makeup, it isn't clear how much of the pigment in the ink is able to enter the blood stream, cross the placenta, or how much is able to reach the baby. For folks who are breastfeeding, it also isn't clear how much of the pigment might pass into breast milk. This makes it difficult to know if the pigment itself might cause a risk. We do know that with any tattoo, there is a possibility of

infection if the equipment is not sterilized properly. There can be a risk for Hepatitis B, Hepatitis C, HIV, and other infections like staph. There is also a possibility of infection during the healing process. If you do choose to get semi-permanent makeup while pregnant or breastfeeding, be sure to go somewhere that is practicing good hygiene. Also be sure to contact your healthcare provider if the tattooed area seems like it isn't healing correctly.

Teeth Whitening

Many people are also interested in brightening up their pearly whites. Some common teeth whitening products include whitening strips, whitening toothpastes, at home Blue (LED) Light Therapy, and professional whitening procedures administered by a dental hygienist or dentist. For the most part, these products are not expected to increase risks to a pregnancy or a breastfeeding baby. For more details about specific ingredients in teeth whitening products see: https://mothertobaby.org/baby-blog/whitening-teeth-during-pregnancy-or-breastfeeding-lets-bite-into-the-subject/

Chemical Peels

There are a few different types of cosmetic chemical peels that are used to address uneven skin tones, wrinkles, acne scarring, or sun damage by applying a product on the skin (topically) that then removes part of the upper layers of the skin. This usually involves a type of acid – it might be a combination of hyaluronic acid, glycolic acid, trichloroacetic acid, salicylic acid, or lactic acid and other ingredients. Light chemical peels involve the outer layer of skin (epidermis). Deep chemical peels can penetrate a bit further into the layers of your skin. Because the chemicals in each peel can vary, it can be a good idea to ask ahead of time for an ingredient list. A MotherToBaby specialist can talk with you about the active ingredients in the specific chemical peel you are considering. Read more about your skin & skin care here: https://mothertobaby.org/baby-blog/whats-the-skinny-on-skin-care

Lip Fillers & Dermal Fillers

Lip and dermal (or face) fillers are injected substances that are used to fill in lines and wrinkles or add volume to areas in the face or lips. There are currently four types of fillers that are approved by the Federal Drug Administration (FDA). Hyaluronic acid fillers are the most common. Hyaluronic acid, along with Calcium hydroxylapatite and Polylactic acid fillers are considered temporary – these will eventually be broken down and absorbed by the body. Polymethylmethacrylate is not absorbed by the body – this filler is made up of small round plastic beads suspended in collagen. So what do we know about the use of fillers during pregnancy or breastfeeding? The answer is not much. There is limited research on these substances when administered during pregnancy or while breastfeeding, so it may be best to pause any injections until a later date. There is also a potential risk for infection at the injection site. The FDA advises anyone interested in fillers to get them from a licensed healthcare provider and to discuss the risks and benefits with them before the procedure.

So, what did Erin do about their appointment for dermal fillers?

When it comes to cosmetic procedures while pregnant or breastfeeding, it is important to consider what is known about a procedure and weigh any potential risks. In Erin's case, they decided it would be best to wait to reschedule their next dermal filler appointment until after their child was born. They ended our call by telling me, "I think it will

give me more peace of mind to cancel my appointment and wait until after my pregnancy now that I know there isn't much research. I'll talk to my dermatologist about other skin care options in the meantime."

Do you have a question about a cosmetic procedure during pregnancy or breastfeeding?

Speak with a MotherToBaby specialist via phone, text, chat, or email.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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